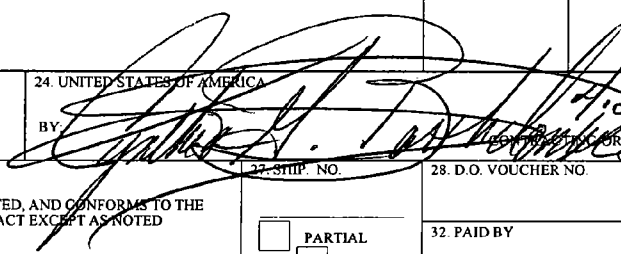


ORDER FOR SUPPLIES OR SERVICES <i>(Contractor must submit four copies of invoice.)</i>						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997	PAGE 1 OF 4
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.							
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.							
1. CONTRACT/PURCH ORDER NO. DAAH23-99-G-0014		2. DELIVERY ORDER NO. UBU1		3. DATE OF ORDER (YYMMDD) 2004 APR 28		4. REQUISITION/PURCH REQUEST NO. YPC04069000581	
5. PRIORITY DOC9		6. ISSUED BY Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PNNANQ (614)692-7520 / FAX: (614)692-6906 E-mail: Cynthia.Bartholemew@dla.mil		7. ADMINISTERED BY (If other than 6) DCMA PHOENIX 2 RENAISSANCE SQUARE 40 N CENTRAL AVE SUITE 400 PHOENIX, AZ 85004-4400		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER <i>(See Schedule if other)</i>	
9. CONTRACTOR MCDONNELL DOUGLAS HELICOPTER COMPAN 5000 E. MCDOWELL ROAD MESA AZ 85215-9797		CODE SP0700		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 60 DAYS ADO	
NAME AND ADDRESS		CODE 8V613		12. DISCOUNT TERMS NET 30 days		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
				13. MAIL INVOICES TO See Block 15			
14. SHIP TO See Schedule - Do Not Ship to Address in Block 6		CODE		15. PAYMENT WILL BE MADE BY HQ0339		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
				HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381			
				EFT: T			
16. TYPE OF ORDER	DELIVERY <input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.					
	PURCHASE	Reference your offer dated 2004 MAR 17, Ms. Nanette C. Molina and furnish the following on terms specified herein.					
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____							
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 SCC0 001 26.0 S33150							
18. ITEM NO	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	
	Remarks: CONFIRMING ORDER – DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.			TOTAL: 1			
24. UNITED STATES OF AMERICA BY 				25. TOTAL \$ 124.00			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				27. STOP NO.		29. DIFFERENCE	
31. PAYMENT <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				28. D.O. VOUCHER NO.		30. INITIALS	
32. PAID BY				33. AMOUNT VERIFIED CORRECT FOR			
34. CHECK NUMBER				35. BILL OF LADING NO.			
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				37. RECEIVED AT		40. TOTAL CONTAINERS	
38. RECEIVED BY (Print)				39. DATE RECEIVED (YYMMDD)		41. S/R ACCOUNT NUMBER	
				42. S/R VOUCHER NO.			

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SECTION B

PR YPC04069000581

CAGE/PN 8V613 751118001

CAGE SDC NAME - ADDRESS
8V613 A 5000 E. MCDOWELL ROAD
MESA AZ 85215-9797
480-891-3965

ITEM DESCRIPTION:

ITEM	PR	PRLI	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	YPC04069000581	0001	1	EA	\$124.00000	\$124.00

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

EXCEPTION DATA:

NOTE:4/21/04

THE BOEING COMPANY REFERENCE QUOTE NUMBER: 04-DH-E140-05426/AOG04045

THE BOEING COMPANY DATE OF QUOTE: MARCH 17, 2004

MFC: 8V613 P/N: 7-511180013-5
ITEM: COVER, ASSEMBLY
MAKE: LONGBOW MODEL: AH-64D
SERIAL #: 9605017
DATA AVAILABLE
O53

*

COMPANY: THE BOEING COMPANY
POC: MS. NANETTE C. MOLINA
CONTRACTS AND PRICING ADMINSTRATOR
AEROSPACE SUPPORT CONTRACTS AND PRICING
THE BOEING COMPANY (MESA)
E140, MC M543-D218
PHONE: 1 480 891 7542
FAX: 1 480 891 3623
EMAIL: nanette.c.molina@boeing.com

NOTE 2:

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SECTION B

THE BOEING COMPANY IS AUTHORIZED TO SHIP LESS NSN IF ONE HAS NOT
BEEN ASSIGNED.

NOTE 3:

THANK YOU.

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2004 JUN 27

PARCEL POST/FREIGHT ADDRESS:

W81CL8
SR W0VC MAINT DIV PB CONT
HOOD ARMY AIRFIELD
BLDG 745 COBRA LOOP
FORT HOOD TX 76544-5060

M/F: (TCN) W81G0340680900 XXX
RDD N01/NMCS SHIP BY FASTEST TRACEABLE MEANS
PROJ FD5 TP 1
SUP ADD W81CL8 SIG K

FOR DOCUMENT DISTRIBUTION ONLY:

W81CL8
SR W0VC MAINT DIV PB CONT
HOOD ARMY AIRFIELD
BLDG 745 COBRA LOOP
FORT HOOD TX 76544-5060

FOR GOVERNMENT USE ONLY: IPD 02

DIC A0E DIST RHB ADV FC FG

CONTINUED ON NEXT PAGE

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SECTION B

REMIT PAYMENT TO:
